

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09785308</div>	FILING DATE <div style="font-size: 1.2em; font-family: monospace;">02-20-01</div>										
CLAIMS							*											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.		DEP.		IND.		DEP.		IND.		DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
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44							94											
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46							96											
47							97											
48							98											
49							99											
50							100											
TOTAL IND.	3						TOTAL IND.											
TOTAL DEP.	11						TOTAL DEP.											
TOTAL CLAIMS	14						TOTAL CLAIMS											